



EW 2642

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on

4-4-05

Jeffrey R. Kuester

In Re Application of:

Holt, et al.

Serial No.: 08/876,839

Filed: June 16, 1997

Confirmation No.: 5436

Group Art Unit: 2642

Examiner: Tieu, Benny Quoc

Docket No.: 190251-1270

**For: Method and Apparatus for Routing Calls Based on Identification of the Calling Party or Calling Line**

The following is a list of documents enclosed:

- Return Postcard
- Petition for Extension of Time
- Amendment Transmittal Page
- Fee Transmittal
- Credit Card Authorization
- Amendment and Response to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Customer No.: 38823

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Holt, et al.**

Docket No.

**190251-1270**Serial No.  
**08/876,839**Filing Date  
**June 16, 1997**Examiner  
**Tieu**Confirmation No.  
**5436**Group Art Unit  
**2642**Invention: **Method and Apparatus for Routing Calls Based on Identification of the Calling Party or Calling Line****Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is Amendment and Response to Office Action, and a one-month Petition for Extension of Time in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	28 =	0	X \$50.00	\$0
INDEP. CLAIMS	9 -	9 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00 (for 1 mo. EOT).
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**  
\_\_\_\_\_  
Date